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anneanriate All further cor	respondence including the below or directed otherwise	Patent advance or	rders and noti	ification of maintenance fee	es; and/or (b) indicating a ser	t correspondence address a		
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for	any change of address)	E \	Fee(s) Transmittal, papers. Each addition	of mailing can only be used a This certificate cannot be used onal paper, such as an assignment cate of mailing or transmission.	for any other accompanying ent or formal drawing, mus		
. VENABLE LLP P.O. BOX 34385 WASHINGTON, I		OLP	0 8 2006 R	I hereby certify that	Certificate of Mailing or Tran t this Fee(s) Transmittal is being the with sufficient postage for find all Stop ISSUE FEE address SPTO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope s above, or being facsimile		
5/09/2006 EAREGAY2 00	000089 220261 098411		سلم	⁵ /		(Depositor's name)		
1 FC:1501 1400.0 2 FC:1504 300.0	00 DA 00 DA	ATTENT !	S TRADENA			(Signature)		
F 10:1204 200*	VV J/H					(Date)		
APPLICATION NO.	FILING DATE	FIRST NAMED INV		O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/841,168	04/24/2001	·	John C.	Droge	35997-217062	4113		
rfile of invention: s	YSTEM AND METHOD FO	OR HIGHLY SECT	URE DATA C	COMMUNICATIONS				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	NO \$140		\$300	\$1700	05/09/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS				
LEMMA, SAMSON B 213			:	713-151000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the nar or agents ((2) the nar registered 2 registere	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless	1 37 CFR 3.11. Completion	elow, no assignee	data will appe T a substitute (B) RESIDE	ear on the patent. If an ass	ignee is identified below, the o	document has been filed for		
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pa	atent): 🔲 Individual 🖾	Corporation or other private gr	oup entity Government		
4a. The following fee(s) are ☑ Issue Fee ☑ Publication Fee (No s ☐ Advance Order - # of	mall entity discount permitte	ed)	☐ Payment	in the amount of the fee(s) is by credit card. Form PTO-20		edit any overpayment, to ra copy of this form).		
a. Applicant claims Sl	(from status indicated above MALL ENTITY status. See	e) 37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SM	IALL ENTITY status. See 37 C	CFR 1.27(g)(2).		
NOTE: The Issue Fee and Pronterest as shown by the reco	ublication Fee (if required) vords of the United States Pate	vill not be accepted ent and Trademark	d from anyone Office.	other than the applicant; a r	usly paid issue fee to the applic egistered attorney or agent; or t	he assignee or other party in		
Authorized Signature	Alleerill	with	$\langle \rangle$	Date	5/8/2006			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

31,594

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James R. Burdett

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolid	Complete if Known								
1 '	Application Nu	mber (09/841,168-Co	onf. #4113					
FEE TR	Filing Date	/	April 24, 2001						
Foi	First Named In	ventor	John C. Droge						
	Examiner Name	· I	Not Yet Assigned						
Applicant claims sm	Art Unit	ı	N/A						
TOTAL AMOUNT OF PA	TOTAL AMOUNT OF PAYMENT (\$) 1,700.00			t No.	35997-217062				
METHOD OF PAYME	NT (check a	II that apply)							
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP									
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FIL		EARCH FEES		ATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	\$mall Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)			
Utility	300	150 50		200	100	. 300 . 414			
Design	200	100 10		130	65				
Design	200	100 10	0 20	.50	95				

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1. BASIC FILING,	SEARCH, AND E	XAMINATIO	N FEES					
	FI	ILING FEES		ARCH FEES		NATION FEE:	_	
	- F #	Small En		Small Entit		Small Entity		Daid (\$)
Application Type					<u>Fee (\$)</u>	Fee (\$)	rees	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIN	A FEES							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20	0 (including Reiss	sues)					50	25
Each independent	claim over 3 (incl	luding Reissu	ies)				200	100
Multiple dependen	ıt claims						360	180
Total Claims	Extra Claims	Extra Claims Fee (\$) Fee		Paid (\$)	Multiple Dependen		dent Claims	<u>3</u>
- 20	0 =	x	=		<u>Fe</u>	e (\$)	Fee Paid ((\$)
HP = highest numer o	of total claims paid for,	if greater than 2	: 0.					
Indep. Claims	Extra Claims	Fee (\$)	Fee P	Paid (\$)				
-3	=	x :	=					
HP = highest numer o	of independent claims	paid for, if greate	er than 3.					
3. APPLICATION	SIZE FEE							
If the specification	on and drawings e	xceed 100 sh	eets of paper ((excluding ele-	ctronically fil	led sequence o	or computer	
listings under	37 CFR 1.52(e)),	the application	on size fee du	e is \$250 (\$12	.5 for small er	ntity) for each	additional 5	50
sheets or fract	tion thereof. See 3	35 U.S.C. 41((a)(1)(G) and (37 CFR 1.16(s	s).			I
<u>Total Sheets</u>	Extra Shee	ts Nur	mber of each a	dditional 50 or f	fraction thereo	of <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)

Total Sheets Extra Sheets / 50 Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal ...

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Name (Print/Type) James R. Burdett

No. 31,594 Telephone (202) 344-4000

Date May 8, 2006